NOTIFICATION OF MULTICANDIDATE STATUS

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(See reverse side for instructions)

This f	orm	shoul	d be	filed	after	the	Commit	tee	qualifies	as a	multicai	ndidate	committee	э.

House Freedom Fund (b) Number and Street Address PO Box 1948 2. FEC IDENTIFICATION NUMBER C00552851 3. TYPE OF COMMITTEE (check one) STATE PARTY CONTINUE (check one) C		AME OF C	OMMITTEE IN FULL			1							
PO Box 1948 2. FEC IDENTIFICATION NUMBER C00552851 (e) City, State and ZIP Code Alexandria VA 22313 3. TYPE OF COMMITTEE (check one) STATE PARTY OTHER 1. Certify that one of the following situations is correct (complete line 4 or 5): 4. STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) on and simultaneously qualified as a multicandidate committee through its affiliation with: Committee Name: FEC Identification Number: 5. STATUS BY QUALIFICATION: (a) Candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.): Name	H	louse	Freedom Fund										
PO Box 1948 2. FEC IDENTIFICATION NUMBER C00552851 C(c) City, State and ZIP Code 3. TYPE OF COMMITTEE (check one) STATE PARTY OTHER OTHER													
Colly, State and ZIP Code Alexandria	(-)					2. FEC IDEN	TIFICATION	NUMBER					
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on: 12/02/2015 .		(v)	Rep. MARK R MEADOWS		House	NC	11	01/26/2016					
	(b) Contributors: The committee received a contribution from its 51st contributor												
(c) Registration: The committee has been registered for at least 6 months. FFC FORM 1 was													
(5) 1.53.51.41.511 110 Committee has been regional of at load to monthly 1 be 1 Offir 1 was	(0	c) Re	gistration: The committee h	nas been registe	ered for at least 6 m	onths. FEC	FORM	1 was					
submitted on: 12/05/2013		sub	omitted on: <u>12/05/2013</u>	·									
(d) Qualification: The committee met the above requirements on:01/26/2016		d) Qu	alification: The committee	met the above r	requirements on:	01/26/2016		_•					
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.	(0		e evamined this Statement and to the	best of my knowledge	e and belief it is true, correc	t and complete),						
TYPE OR PRINT NAME OF TREASURER SIGNATURE OF TREASURER [Electronically Filed] DATE Megan Brown SIGNATURE OF TREASURER [Electronically Filed]		that I hav	c chammed this otatement and to the										
01/27/2016	I certify TYPE (OR PRINT			REASURER [E	lectronically Fi	,						
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §4379	I certify TYPE (OR PRINT			REASURER [E	lectronically Fi	,	7/2016					